

215037173
60128

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 061	Agency Case No. B5-084889	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/13/2015			TIME OF ACCIDENT 0856	STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0856	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amended
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. D STREET/33-34			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	09/17/2015
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LATITUDE
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
2	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	146.00			X	33RD STREET	
20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
20	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E	2	VEHICLE NO. 1				
F	9	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	PARKED UNATTENDED VEHICLE		PHONE	LOCAL NO.	
V2/N	1	DUSTIN ENGLISH / ERIN ENGLISH		PHONE 4027700298	LOCAL NO.	
G	2	OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	5	LICENSE PLATE PA NO. TAS512	YEAR 2016	STATE (Of Plate) NE		
V1/O	2	VEHICLE 2002	MAKE Mitsubishi	MODEL UEL	BODY STYLE 4 door Sedan	COLOR silver / chrome
V2/O	5	VEHICLE ID NO. (VIN) 4A3AA46G12E130398	TOWED TO		TOWED BY	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 1400
I	7	VEHICLE NO. 2				
V1/P	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/P	8	UNKNOWN HIT AND RUN DRIVER		PHONE	LOCAL NO.	
J	12	UNKNOWN HIT AND RUN VEHICLE		PHONE	LOCAL NO.	
V1/Q	4	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE
V2/Q	4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
K	01	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$
		TOWED TO		TOWED BY	POLICY NO. 188700600	INSURANCE COMPANY FARMERS

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS										
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS										
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS										
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084889

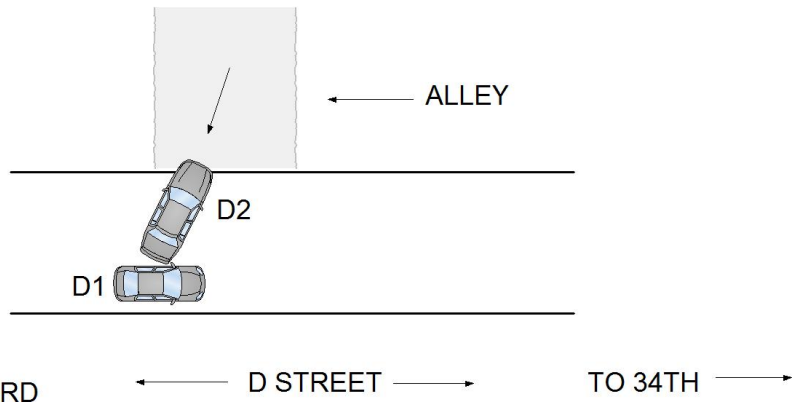


POI (ESTIMATED/VEH MOVED)
146' E OF E CURB S 33
6'4" N OF S CURB 'D' STREET

LEGEND-
STREET WIDTH 25'
NO SKIDS/DEBRIS

AGL- 16 1/2-27 1/2 INCHES

TIME OF OCC
09-12-2015 @ 1700 TO 0830 HRS
ON 09-13-2015



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of D1 reports his vehciel was left legally parked on 'D' Street facing EB along the S curb and it was stuck by unknown hit and run vehicle (D2). It appears that D2 was possibly backing SB out of the alley entrance to 'D' Street when the collision occurred. No witnesses.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	VEH 2	
1			X		D STREET		POINT OF IMPACT	07	POINT OF IMPACT	12						0	0
2		X			D STREET		POINT OF IMPACT	07	POINT OF IMPACT	12							
1	10	06 Turning left				MOST DAMAGED AREA	07	MOST DAMAGED AREA	12								
2	02	08 Entering traffic lane				MOST DAMAGED AREA	07	MOST DAMAGED AREA	12								
01 Essentially straight ahead				09 Leaving traffic lane				02		03		04		05		06	
02 Backing				10 Parked				08		07		06					
03 Changing lanes				11 Slowing or stopped in traffic													
04 Overtaking/ Passing				12 Other													
05 Turning right				13 Unknown													

OFFICER NO. 921	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Michael Holm		INVESTIGATOR SIGNATURE Approved by Michael Holm	DATE OF REPORT 09/17/2015